M i,n ľŊ lile. 4021

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED SECRETARY OF THE SENATE PUBLIC OFFICERS

(Revised 02/2003)

| FORIN 3 | | For An Authorized Committee | Office Use Only |
|---|------------------------|---|--|
| NAME OF COMMITTEE (in full) | TYPE OR PRI | Example: If typing, type over the lines. | 12FE4M5 |
| Amanda Curtis for | Senate | | |
| ADDRESS (number and st | reet) PO Box 7 | 03 | |
| Check if different than previously reported. (ACC) | Butte | | ZIP CODE |
| 2. FEC IDENTIFICATION | NUMBER 3. IS | STHIS NEW OR ☐AME ORT (N) | NDED STATE DISTRICT MT O |
| 4. TYPE OF REPORT (| Choose One) | | |
| (a) Quarterly Reports: | | (b) 12-Day PRE-Election Report for the | ie: |
| ☐ April 15 Quarterly Report (Q1) ☐ July 15 Quarterly Report (Q2) ☐ October 15 Quarterly Report (Q3) ☐ January 31 Year-End Report (YE) | | Primary (12P) Gener Convention (12C) Specia | al (12S) |
| | | Election on 11/04/2014 | State of MT |
| Termination Repo | rt (TER) | (c) 30-Day POST-Election Report for General (30G) | the: Runoff (30R) Special (30S) in the State of |
| 5. Covering Period | 10/01/2014 | through 10/15/2014 | |
| I certify that I have examin | ned this Report and to | the best of my knowledge and belief it is t | rue, correct and complete. |
| Type or Print Name of Tre | easurer Holly | Garraputo | Date -10/2-2/1-7 |
| NOTE: Submission of fall | se, erroneous, or inco | implete information may subject the person | signing this Report to the Penalties of 2 U.S.C. 437g. |
| Office | | | |
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